

# Appendix A. Search Strategy and Detailed Methods

## 11/13/14 PubMed

Search	Query	Items found
#1	Search "Health Plan Implementation"[Mesh]	3925
#2	Search ("Quality Improvement"[Mesh] OR "quality improvement"[All Fields] OR "quality initiative"[All Fields])	23297
#3	Search (("Information Dissemination"[Mesh] OR "Diffusion of Innovation"[Mesh] OR "Health Information Management"[Mesh]))	25716
#4	Search (#1 or #2 or #3)	52013
#5	Search (("Patient Acceptance of Health Care"[Mesh] OR adaptation[tiab] OR disseminat*[tiab] OR "Feasibility Studies"[Mesh] OR feasibility[tiab] OR fidelity[tiab] OR implement*[tiab] OR penetration[tiab] OR supervision[tiab] OR sustain*[tiab] OR "Information Systems"[MeSH] OR uptake[tiab]))	1390899
#6	Search (("Guideline Adherence"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "evidence based practice"[All Fields] OR "evidence-based practice"[All Fields] OR effect* OR evidence))	7753831
#7	Search (#5 and #6)	608070
#8	Search (#4 or #7)	651277
#9	Search ("mental health"[All Fields] OR "mental illness"[All Fields] OR "mental disorders"[All Fields] OR "mental disorder"[All Fields] OR psychopathology OR "Adjustment Disorders"[Mesh] OR "adjustment disorder"[All Fields] OR "anxiety disorder"[All Fields] OR agoraphobia OR "panic disorder"[All Fields] OR "Phobic Disorders"[Mesh] OR phobia OR "Stress Disorders, Post-Traumatic"[Mesh] OR "posttraumatic stress disorder"[All Fields] OR "post-traumatic stress disorder"[All Fields] OR "generalized anxiety disorder"[All Fields] OR "Obsessive-Compulsive Disorder"[Mesh] OR "obsessive compulsive disorder"[All Fields] OR "reactive attachment disorder"[All Fields] OR "Anxiety, Separation"[Mesh] OR "separation anxiety disorder"[All Fields] OR "Eating Disorders"[Mesh] OR "eating disorder"[All Fields] OR "anorexia nervosa"[All Fields] OR "bulimia nervosa"[All Fields] OR "Attention Deficit Disorder with Hyperactivity"[Mesh] OR "attention deficit hyperactivity disorder"[All Fields] OR "Attention Deficit and Disruptive Behavior Disorders"[Mesh] OR "conduct disorder"[All Fields] OR "oppositional defiant disorder"[All Fields] OR depression OR "depressive disorder"[All Fields] OR "Bipolar Disorder"[Mesh] OR "bipolar disorder"[All Fields] OR mania OR "dysthymic disorder"[All Fields] OR "Schizophrenia"[Mesh] OR schizophrenia OR "Psychotic Disorders"[Mesh] OR "psychotic disorder"[All Fields] OR encopresis OR "Personality Disorders"[Mesh] OR "personality disorder"[All Fields] OR "behavioral disorder"[All Fields] OR "behavioral disturbance"[All Fields] OR "serious emotional distress"[All Fields] OR "emotional disorder"[All Fields] OR "Substance-Related Disorders"[All Fields] OR "substance use disorder"[All Fields] OR "drug use disorder"[All Fields] OR "Alcohol-Related Disorders"[Mesh] OR "alcohol use disorder"[All Fields] OR "alcohol dependence"[All Fields] OR alcoholism OR "drug dependence"[All Fields] OR "cannabis dependence"[All Fields] OR "marijuana dependence"[All Fields] OR "Tobacco Use Disorder"[Mesh] OR "nicotine dependence"[All Fields] OR "substance dependence"[All Fields] OR "substance abuse"[All Fields] OR "alcohol abuse"[All Fields] OR "drug abuse"[All Fields] OR "cannabis abuse"[All Fields] OR "marijuana abuse"[All Fields])	932701
#10	Search (#8 and #9)	39308
#11	Search (("diffusion tensor" OR "diffusion tensors"))	9434
#12	Search (#10 not #11)	39276
#13	Search (#10 not #11) Filters: Editorial	200
#14	Search (#10 not #11) Filters: Editorial; Letter	376
#15	Search (#12 NOT #14)	38900
#16	Search (((randomized[title/abstract] AND controlled[title/abstract] AND trial[title/abstract]) OR (controlled[title/abstract] AND trial[title/abstract]) OR "controlled clinical trial"[publication type] OR "Randomized Controlled Trial"[Publication Type] OR "Single-Blind Method"[MeSH] OR "Double-Blind Method"[MeSH] OR "Random Allocation"[MeSH]))	583142
#17	Search (#15 and #16)	6024
#18	Search (("Cohort Studies"[MeSH] OR (prospective AND cohort)))	1380934
#19	Search (#15 and #18)	5327
#20	Search (#12 NOT #14) Filters: Review	6062
#21	Search (#17 or #19 or #20)	15664
#22	Search (#17 or #19 or #20) Filters: Child: birth-18 years	3605

## 11/13/14 Cochrane Library

ID	Search	Hits
#1	[mh "Health Plan Implementation"]	87
#2	[mh "Quality Improvement"] or [mh "quality improvement"] or "quality initiative"	303
#3	[mh "Information Dissemination"] or [mh "Diffusion of Innovation"] or [mh "Health Information Management"]	324
#4	#1 or #2 or #3	696
#5	[mh "Patient Acceptance of Health Care"] or adaptation or disseminat* or [mh "Feasibility Studies"] or feasibility or fidelity or implement* or penetration or supervision or sustain* or [mh "Information Systems"] or uptake	126782
#6	[mh "Guideline Adherence"] or [mh "Evidence-Based Practice"] or "evidence based practice" or "evidence-based practice" or effect* or evidence	534664
#7	#5 and #6	102061
#8	#4 or #7	102351
#9	"mental health" or "mental illness" or "mental disorders" or "mental disorder" or psychopathology or [mh "Adjustment Disorders"] or "adjustment disorder" or "anxiety disorder" or agoraphobia or "panic disorder" or [mh "Phobic Disorders"] or phobia or [mh "Stress Disorders, Post-Traumatic"] or "posttraumatic stress disorder" or "post-traumatic stress disorder" or "generalized anxiety disorder" or [mh "Obsessive-Compulsive Disorder"] or "obsessive compulsive disorder" or "reactive attachment disorder" or [mh "Anxiety, Separation"] or "separation anxiety disorder" or [mh "Eating Disorders"] or "eating disorder" or "anorexia nervosa" or "bulimia nervosa" or [mh "Attention Deficit Disorder with Hyperactivity"] or "attention deficit hyperactivity disorder" or [mh "Attention Deficit and Disruptive Behavior Disorders"] or "conduct disorder" or "oppositional defiant disorder" or depression or "depressive disorder" or [mh "Bipolar Disorder"] or "bipolar disorder" or mania or "dysthymic disorder" or [mh Schizophrenia] or schizophrenia or [mh "Psychotic Disorders"] or "psychotic disorder" or encopresis or [mh "Personality Disorders"] or "personality disorder" or "behavioral disorder" or "behavioral disturbance" or "serious emotional distress" or "emotional disorder" or "Substance-Related Disorders" or "substance use disorder" or "drug use disorder" or [mh "Alcohol-Related Disorders"] or "alcohol use disorder" or "alcohol dependence" or alcoholism or "drug dependence" or "cannabis dependence" or "marijuana dependence" or [mh "Tobacco Use Disorder"] or "nicotine dependence" or "substance dependence" or "substance abuse" or "alcohol abuse" or "drug abuse" or "cannabis abuse" or "marijuana abuse"	73438
#10	#8 and #9	14782
#11	"diffusion tensor" or "diffusion tensors"	167
#12	#10 not #11	14778
#13	editorial* or letter*	18489
#14	#12 not #13	13249
#15	child* or children or teen or teens or teenage or teenaged or adolescen* or pediatric or paediatric* or boys or girls or youth or youths	162576
#16	#14 and #15	3712
#17	((randomized and controlled) and trial) or (controlled and trial) or "controlled clinical trial":pt or "Randomized Controlled Trial":pt or [mh "Single-Blind Method"] or [mh "Double-Blind Method"] or [mh "Random Allocation"]	853453
#18	#16 and #17	3352
#19	[mh "Cohort Studies"] or (prospective and cohort)	118246
#20	#16 and #19	737
#21	#18 or #20	3616

# 12/2/14 CINAHL

#	Query	Limiters/Expanders	Last Run Via	Results
S23	S22	Limiters - English Language Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	504
S22	S21	Limiters - Age Groups: All Child Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	507
S21	S17 OR S19 OR S20	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	2,272
S20	S12	Limiters - Publication Type: Review Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	838
S19	S12 and S18	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	273
S18	(MH "Prospective Studies+") AND (prospective AND cohort )	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	28,100
S17	S14 OR S16	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	1,178
S16	S12 AND S15	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	1,013
S15	( ((randomized AND controlled) AND trial) OR (controlled AND trial) ) OR ( "controlled clinical trial" OR "single-blind method" OR "double-blind method" OR "random allocation" )	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	33,779
S14	S12	Limiters - Randomized Controlled Trials Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	559
S13	S10 not S11	Limiters - Publication Type: Editorial, Letter Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	236
S12	S10 not S11	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	15,636
S11	"diffusion tensor" OR "diffusion tensors"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	702
S10	S8 AND S9	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	15,641
S9	"mental health" OR "mental illness"	Search modes -	Interface - EBSCOhost Research	273,908

#	Query	Limiters/Expanders Boolean/Phrase	Last Run Via Databases Search Screen - Advanced Search Database - CINAHL with Full Text	Results
	OR "mental disorders" OR "mental disorder" OR psychopathology OR "Adjustment Disorders" OR "adjustment disorder" OR "anxiety disorder" OR agoraphobia OR "panic disorder" OR (MH "Phobic Disorders+") OR phobia OR (MH "Stress Disorders, Post-Traumatic+") OR "posttraumatic stress disorder" OR "post-traumatic stress disorder" OR "generalized anxiety disorder" OR (MH "Obsessive-Compulsive Disorder+") OR "obsessive compulsive disorder" OR "reactive attachment disorder" OR (MH "Separation Anxiety") OR "separation anxiety disorder" OR (MH "Eating Disorders+") OR "eating disorder" OR "anorexia nervosa" OR "bulimia nervosa" OR (MH "Attention Deficit Hyperactivity Disorder") OR "attention deficit hyperactivity disorder" OR (MH "Attention Deficit Hyperactivity Disorder") OR "conduct disorder" OR "oppositional defiant disorder" OR depression OR "depressive disorder" OR (MH "Bipolar Disorder+") OR "bipolar disorder" OR mania OR "dysthymic disorder" OR schizophrenia OR (MH "Psychotic Disorders+") OR "psychotic disorder" OR encopresis OR (MH "Personality Disorders+") OR "personality disorder" OR "behavioral disorder" OR "behavioral disturbance" OR "serious emotional distress" OR "emotional disorder" OR (MH "Substance Use Disorders+") OR "Substance-Related Disorders" OR "substance use disorder" OR "drug use disorder" OR (MH "Alcohol-Related Disorders+") OR "alcohol use disorder" OR "alcohol dependence" OR alcoholism OR "drug dependence" OR "cannabis dependence" OR "marijuana dependence" OR "Tobacco Use Disorder" OR "nicotine dependence" OR "substance dependence" OR "substance abuse" OR "alcohol abuse" OR "drug abuse" OR "cannabis abuse" OR "marijuana abuse"			
S8	S4 OR S7	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	125,198
S7	S5 AND S6	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	94,374

#	Query	Limiters/Expanders	Last Run Via	Results
S6	(MH "Guideline Adherence") OR (MH "Professional Practice, Evidence-Based+") OR "evidence based practice" OR "evidence-based practice" OR effect* OR evidence	Search modes - Boolean/Phrase	Database - CINAHL with Full Text Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	656,700
S5	"Patient Acceptance of Health Care" OR (MH "Pilot Studies") OR adaptation OR disseminat* OR (MH "Pilot Studies") OR feasibility OR fidelity OR implement* OR penetration OR supervision OR sustain* OR (MH "Information Systems+") OR uptake	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	254,437
S4	S1 OR S2 OR S3	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	34,785
S3	"Information Dissemination" OR (MH "Diffusion of Innovation") OR (MH "Health Information Management")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	7,840
S2	"quality improvement" OR "quality initiative"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	27,386
S1	"Health Plan Implementation"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text	1

# 12/2/14 PSYCINFO

#	Query	Limiters/Expanders	Last Run Via	Results
S20	S19	Limiters - English Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	599
S19	S18	Limiters - Age Groups: Childhood (birth-12 yrs), Neonatal (birth-1 mo), Infancy (2-23 mo), Preschool Age (2-5 yrs), School Age (6-12 yrs), Adolescence (13-17 yrs) Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	613
S18	S13 OR S15 OR S17	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	4,382
S17	S12 AND S16	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	235
S16	(DE "Cohort Analysis") OR "cohort study" OR "cohort studies" or (prospective AND cohort)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	14,911
S15	S12 AND S14	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	2,080
S14	((randomized AND controlled) AND trial) OR (controlled AND trial) OR "controlled clinical trial" OR "Single-Blind Method" OR "Single-Blind Method" OR "Random Allocation"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	30,733
S13	S12	Limiters - Methodology: LITERATURE REVIEW Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	2,364
S12	S10 not S11	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	33,717

#	Query	Limiters/Expanders	Last Run Via	Results
S11	"diffusion tensor" OR "diffusion tensors"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	3,284
S10	S8 AND S9	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	33,730
S9	("mental health" OR "mental illness" OR "mental disorders" OR "mental disorder" OR psychopathology OR "Adjustment Disorders"[Mesh] OR "adjustment disorder" OR "anxiety disorder" OR agoraphobia OR "panic disorder" OR (DE "Phobias" OR DE "Acrophobia" OR DE "Agoraphobia" OR DE "Claustrophobia" OR DE "Ophidiophobia" OR DE "School Phobia" OR DE "Social Phobia") OR phobia OR "posttraumatic stress disorder" OR "post-traumatic stress disorder" OR "generalized anxiety disorder" OR "Obsessive-Compulsive Disorder" OR "obsessive compulsive disorder" OR "reactive attachment disorder" OR "separation anxiety disorder" OR (DE "Eating Disorders" OR DE "Anorexia Nervosa" OR DE "Binge Eating Disorder" OR DE "Bulimia" OR DE "Hyperphagia" OR DE "Kleine Levin Syndrome" OR DE "Pica" OR DE "Purging (Eating Disorders)") OR "eating disorder" OR "eating disorders" OR "anorexia nervosa" OR "bulimia nervosa" OR (DE "Attention Deficit Disorder with Hyperactivity") OR "attention deficit hyperactivity disorder" OR "Attention Deficit and Disruptive Behavior Disorders" OR "conduct disorder" OR "oppositional defiant disorder" OR depression OR "depressive disorder" OR (DE "Bipolar Disorder" OR DE "Cyclothymic Personality") OR "bipolar disorder" OR mania OR "dysthymic disorder" OR (DE "Schizophrenia" OR DE "Acute Schizophrenia" OR DE "Catatonic Schizophrenia" OR DE "Childhood Schizophrenia" OR DE "Paranoid Schizophrenia" OR DE "Process Schizophrenia" OR DE "Schizophrenia (Disorganized Type)" OR DE "Schizophreniform Disorder" OR DE "Undifferentiated Schizophrenia") OR schizophrenia OR (DE "Psychoticism") OR "Psychotic Disorders" OR "psychotic disorder" OR encopresis OR (DE "Personality Disorders" OR DE "Antisocial Personality Disorder" OR DE	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	896,839

#	Query	Limiters/Expanders	Last Run Via	Results
	"Avoidant Personality Disorder" OR DE "Borderline Personality Disorder" OR DE "Dependent Personality Disorder" OR DE "Histrionic Personality Disorder" OR DE "Narcissistic Personality Disorder" OR DE "Obsessive Compulsive Personality Disorder" OR DE "Paranoid Personality Disorder" OR DE "Passive Aggressive Personality Disorder" OR DE "Sadomasochistic Personality" OR DE "Schizoid Personality Disorder" OR DE "Schizotypal Personality Disorder") OR "personality disorder" OR "behavioral disorder" OR "behavioral disturbance" OR "serious emotional distress" OR "emotional disorder" OR "Substance- Related Disorders" OR "substance use disorder" OR "drug use disorder" OR (DE "Alcoholic HallucinosiS" OR DE "Delirium Tremens" OR DE "Korsakoffs Psychosis" OR DE "Wernicke's Syndrome" OR DE "Alcoholic Psychosis" OR DE "Alcoholic HallucinosiS" OR DE "Alcoholism" OR DE "Alcoholic Psychosis") OR "alcohol use disorder" OR "alcohol dependence" OR alcoholism OR "drug dependence" OR "cannabis dependence" OR "marijuana dependence" OR "Tobacco Use Disorder" OR "nicotine dependence" OR "substance dependence" OR "substance abuse" OR "alcohol abuse" OR "drug abuse" OR "cannabis abuse" OR "marijuana abuse"			
S8	S4 OR S7	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	120,548
S7	S5 AND S6	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	117,248
S6	Guideline Adherence OR Evidence- Based Practice OR "evidence based practice" OR effect* OR evidence	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,233,597
S5	(Patient Acceptance of Health Care OR adaptation OR disseminat* OR Feasibility Studies OR feasibility OR fidelity OR implement* OR penetration OR supervision OR sustain* OR (DE "Information Systems" OR DE "Internet") OR uptake	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	286,703



#	Query	Limiters/Expanders	Last Run Via	Results
S4	S1 OR S2 OR S3	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	4,536
S3	DE "Information Dissemination" OR "diffusion of innovation" OR "Health Information Management"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,581
S2	"Quality Improvement" OR "Quality Initiative"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	2,961
S1	"Health Plan Implementation"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	2

## Grey Literature searches

### 5/7/15 ClinicalTrials.gov

Character limitations exist, so these are shortened search strategies. I consulted with Jennifer about which conditions to include.

**174 studies found for:** "Health Plan Implementation" OR "Quality Improvement" OR "quality initiative" OR "Information Dissemination" OR "Diffusion of Innovation" OR "Health Information Management" | mental OR anxiety OR posttraumatic OR post-traumatic OR substance OR depression OR depressive OR bipolar OR eating disorder OR eating disorders OR anorexia OR bulimia OR psychotic OR psychosis OR Attention Deficit OR ADHD OR conduct disorder | Child

**131 studies found for:** ("Patient Acceptance of Health Care" OR adaptation OR disseminat\* OR "Feasibility Studies" OR feasibility OR fidelity OR implement\* OR penetration OR supervision OR sustain\* OR "Information Systems" OR uptake ) AND (guideline\* OR evidence OR effect\*) | mental OR anxiety OR posttraumatic OR post-traumatic OR substance OR depression OR depressive OR bipolar OR eating disorder OR eating disorders OR anorexia OR bulimia OR psychotic OR psychosis OR Attention Deficit OR ADHD OR conduct disorder | Child

### 5/8/15 WHO ICTRP

Character limits present and unable to use parentheses or quotes, or mix AND and OR in the same search box.

Modified searches:

QI search

In Title:

Health Plan Implementation OR Quality Improvement OR quality OR Diffusion

In Condition:

mental OR anxiety OR posttraumatic OR post-traumatic OR substance OR depression OR depressive OR bipolar OR eating disorder OR eating disorders OR anorexia OR bulimia OR psychotic OR psychosis

Limited to trials in children

### 1 results for 30 trials

"EBM search" (could not include the AND for EMB terms so the results will have to be reviewed to see if any qualify

In Title:

Patient Acceptance OR adaptation OR disseminat\* OR feasibility OR fidelity OR implement\* OR Information OR uptake

In Condition:

mental OR anxiety OR posttraumatic OR post-traumatic OR substance OR depression OR depressive OR bipolar OR eating disorder OR eating disorders OR anorexia OR bulimia OR psychotic OR psychosis

Limited to search for clinical trials in children.

**69 records for 66 trials**

**5/13/15 NIH RePORTER**

((("Health Plan Implementation" OR "Quality Improvement" OR "quality initiative" OR "Information Dissemination" OR "Diffusion of Innovation" OR "Health Information Management") OR (("Patient Acceptance of Health Care" OR adaptation OR disseminat OR "Feasibility Studies" OR feasibility OR fidelity OR implement OR penetration OR supervision OR sustain OR "Information Systems" OR uptake) AND ("Guideline Adherence" OR evidence OR effect)))) AND (mental OR anxiety OR posttraumatic OR post-traumatic OR substance OR depression OR depressive OR bipolar OR eating disorder OR eating disorders OR anorexia OR bulimia OR psychotic OR psychosis) AND (child or children or teen or teens or teenage or teenaged or adolescen or pediatric or paediatric or boys or girls or youth or youths) AND (randomized AND controlled AND trial) OR (controlled AND trial) OR ("controlled clinical trial" OR "single-blind method" OR "double-blind method" OR "random allocation")

**5/8/15 DoPHER**

((("Health Plan Implementation" OR "Quality Improvement" OR "quality initiative" OR "Information Dissemination" OR "Diffusion of Innovation" OR "Health Information Management") OR (("Patient Acceptance of Health Care" OR adaptation OR disseminat\* OR "Feasibility Studies" OR feasibility OR fidelity OR implement\* OR penetration OR supervision OR sustain\* OR "Information Systems" OR uptake) AND ("Guideline Adherence" OR evidence OR effect)))) AND (mental OR anxiety OR posttraumatic OR post-traumatic OR substance OR depression OR depressive OR bipolar OR eating disorder OR eating disorders OR anorexia OR bulimia OR psychotic OR psychosis OR Attention Deficit OR ADHD OR conduct disorder OR schizophrenia OR panic OR phobic OR phobia OR obsessive compulsive OR reactive attachment OR oppositional defiant disorder OR mania OR dysthymic OR psychotic OR encopresis OR personality OR behavioral OR emotional OR Substance-Related OR substance use OR drug use OR alcoholism OR drug dependence OR cannabis OR marijuana OR Tobacco OR nicotine OR alcohol OR Adjustment OR agoraphobia)

**5/8/15 CMS.gov**

"Health Plan Implementation" "Quality Improvement" "quality initiative" "Information Dissemination" "Diffusion of Innovation" "Health Information Management" site:cms.gov

Results were too numerous (5000+) so I searched visually for publications on the CMS website and identified **14** publications.

Search in Innovation Center for "child" (9), "mental"(3)

Browsed Innovation Center Data and reports since they were not that numerous and found 2 reports about mental health.

## Appendix B. Excluded Studies

- X 1 Wrong publication type (Editorials, Letters, Opinions, or Commentaries to the editor with no primary data, Nonsystematic Review articles)
- X 2 Wrong population (Population does not include health care systems, organizations, and providers; population does not provide care for children and adolescents with mental health problems and substance abuse disorders)
- X 3 Wrong or no comparator (Not usual care or other D/I/QI strategies)
- X 4 Wrong or no outcome (See Include/Exclude criteria for exceptions)
- X 5 Wrong setting (Settings not comparable with outpatient settings; In-patients or those in residential treatment or drug treatment program; incarcerated populations)
- X 6 Wrong geographical setting (Countries with human development index of low to high)
- X 7 Wrong Study Design (Case reports, case series)
- X 8 Wrong or no intervention (Non-D/I/QI strategies; interventions that do not target health care systems or providers to improve the quality of care for children and adolescents with mental health problems)
- X 9 Study size <50 subjects
- X 10 Wrong language

- |  |   |
|--|---|
| <p>1. Moderators and mediators of treatment response for children with attention-deficit/hyperactivity disorder: the Multimodal Treatment Study of children with Attention-deficit/hyperactivity disorder. Arch Gen Psychiatry. 1999 Dec;56(12):1088-96. PMID: 10591284. Exclusion Code: X 2</p> | <p>4. Therapeutic community effectiveness: a systematic international review of therapeutic community treatment for people with personality disorders and mentally disordered offenders (Structured abstract). Database of Abstracts of Reviews of Effects: University of York; 1999. p. 214. Exclusion Code: X 8</p> |
| <p>2. A 14-month randomized clinical trial of treatment strategies for attention-deficit/hyperactivity disorder. The MTA Cooperative Group. Multimodal Treatment Study of Children with ADHD. Arch Gen Psychiatry. 1999 Dec;56(12):1073-86. PMID: 10591283. Exclusion Code: X 2</p>              | <p>5. Fluvoxamine for the treatment of anxiety disorders in children and adolescents. The Research Unit on Pediatric Psychopharmacology Anxiety Study Group. New England journal of medicine; 2001. p. 1279-85. Exclusion Code: X 2</p>   |
| <p>3. Initial impact of the Fast Track prevention trial for conduct problems: II. Classroom effects. Conduct Problems Prevention Research Group. J Consult Clin Psychol. 1999 Oct;67(5):648-57. PMID: 10535231. Exclusion Code: X 8</p>  | <p>6. Parent-training/education programmes in the management of children with conduct disorders (Structured abstract). Health Technology Assessment Database: National Institute for Health and Clinical Excellence (NICE); 2006. p. 49. Exclusion Code: X 2</p>  |
|  | <p>7. . Implementing CBT for traumatized children and adolescents after september 11: lessons learned from the Child and Adolescent Trauma Treatments and Services (CATS) Project. J Clin Child Adolesc Psychol. 2007 Oct-Dec;36(4):581-92. PMID: 18088216. Exclusion Code: X 4</p>                                   |

8. Implementation of CBT for youth affected by the World Trade Center disaster: matching need to treatment intensity and reducing trauma symptoms. *Journal of traumatic stress*; 2010. p. 699-707. Exclusion Code: X 4
9. . [Therapy of moderately severe depressions in daily practice: first patient care research study reinforces clinical data]. *MMW Fortschr Med*. 2011 Oct 13;153(41):38-9. PMID: 22046838. Exclusion Code: X 10
10. Singapore Health and Biomedical Congress, SHBC 2013. *Annals of the Academy of Medicine Singapore*. (S327 pages); 2013. p. S1. Exclusion Code: X 2
11. Aalsma MC, Tong Y, Lane K, et al. Use of outpatient care by juvenile detainees upon community reentry: effects of mental health screening and referral. *Psychiatr Serv*. 2012 Oct;63(10):997-1003. PMID: 22911470. Exclusion Code: X 3
12. Aarons GA, Sommerfeld DH. Leadership, innovation climate, and attitudes toward evidence-based practice during a statewide implementation. *J Am Acad Child Adolesc Psychiatry*. 2012 Apr;51(4):423-31. PMID: 22449648. Exclusion Code: X 2
13. Abrahamse ME, Junger M, Chavannes EL, et al. Parent-child interaction therapy for preschool children with disruptive behaviour problems in the Netherlands. *Child and Adolescent Psychiatry and Mental Health*. 2012;6PMID: 2012-21838-001. Exclusion Code: X 3
14. Addis ME, Hatgis C, Cardemil E, et al. Effectiveness of cognitive-behavioral treatment for panic disorder versus treatment as usual in a managed care setting: 2-year follow-up. *J Consult Clin Psychol*. 2006 Apr;74(2):377-85. PMID: 16649882. Exclusion Code: X 2
15. Adi Y, Killoran A, Janmohamed K, et al. Systematic review of the effectiveness of interventions to promote mental wellbeing in children in primary education. Report 1: Universal approaches: non-violence related outcomes (Structured abstract). *Database of Abstracts of Reviews of Effects: Title to be Checked*; 2007. p. 130. Exclusion Code: X 2
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## Appendix C. Risk of Bias Assessment of Included Studies

**Table C1. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents (Part 1)**

First Author, Year	Were eligibility criteria described clearly?	Are the inclusion/exclusion criteria measured using valid and reliable measures, implemented across all study participants?	Was symptom status of subjects determined using valid and reliable methods?	Was the intervention or exposure clearly defined, across all study participant	Was randomization adequate?	Was allocation concealment adequate?	Did strategy for recruiting participants into the study the same across study groups?
Beidas et al., 2012 <sup>1</sup>	Yes	Yes	NA	Yes	Yes (randomization by date)	Yes	NA
Bickman et al., 2011 <sup>2</sup>	Yes	Yes for sites; No for providers/patients	NA	Yes	Unclear	Unclear	NA
Carroll et al., 2013 <sup>3</sup>	No for clinics; Yes for patients	Yes for sites; No for clinicians or patients	NA	Yes	No for clinics; Yes for patient chart selection within clinics	Unclear	NA
Epstein et al., 2007 <sup>4</sup>	Yes	Yes	NA	Yes	Unclear	Unclear	NA
Epstein et al., 2011 <sup>5</sup>	Yes	Yes	NA	Yes	Yes	Yes	NA
Garner et al., 2012 <sup>6</sup>	Yes	Yes	NA	Yes	Yes	Yes	NA
Glisson et al., 2012 <sup>7</sup>	Yes	Yes	NA	Yes	Yes	Unclear	NA
Glisson et al., 2010 <sup>8</sup>	Yes	Yes for sites; no for clinicians or patients	NA	NA	Unclear for counties, yes for patients	Unclear for counties, yes for patients	NA

NA = not applicable.

**Table C2. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents (Part 2)**

<b>First Author, Year</b>	<b>Do start of follow-up and start of intervention coincide?</b>	<b>Are baseline characteristics similar between groups?</b>	<b>Did the study control for baseline differences between groups?</b>	<b>Were participants and the administrators of the intervention blinded to the intervention or exposure status of participants?</b>	<b>Were the outcome assessors blinded?</b>
Beidas et al., 2012 <sup>1</sup>	NA	Unclear	NA	Not possible for participants	Yes
Bickman et al., 2011 <sup>2</sup>	NA	NR by site, similar for patients, caregivers and clinicians	No	Not possible for clinicians; unclear for patients	Unclear
Carroll et al., 2013 <sup>3</sup>	NA	Unclear for clinics, control arm has a higher proportion of black and Medicaid patients	No	Not possible for clinicians; unclear for patients	Unclear
Epstein et al., 2007 <sup>4</sup>	NA	Yes	NA	No	Yes
Epstein et al., 2011 <sup>5</sup>	NA	Unclear	No	Not possible for clinicians; unclear for patients	Unclear
Garner et al., 2012 <sup>6</sup>	NA	Yes	NA	Not possible for clinicians,; unclear for patients	Unclear
Glisson et al., 2012 <sup>7</sup>	NA	Unclear	Yes	Not possible for clinicians; unclear for patients	Yes
Glisson et al., 2010 <sup>8</sup>	NA	Yes for counties, unclear for patients	No	Not possible for clinicians, unclear for patients	Unclear

NA = not applicable.

**Table C3. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents (Part 3)**

<b>First author, Year</b>	<b>Were outcome assessors blinded to the exposure?</b>	<b>Was intervention fidelity adequate?</b>	<b>Was there a risk of recall bias?</b>	<b>Did the study focus on the time period that we are interested in?</b>	<b>Did researchers rule out any impact from a concurrent intervention or an unintended exposure that might bias results?</b>
Beidas et al., 2012 <sup>1</sup>	NA	Yes	No	Yes	No
Bickman et al., 2011 <sup>2</sup>	NA	Unclear	No	Yes	Unclear
Carroll et al., 2013 <sup>3</sup>	NA	Unclear	No	Yes	Unclear
Epstein et al., 2007 <sup>4</sup>	NA	No	No	Yes	Unclear
Epstein et al., 2011 <sup>5</sup>	NA	NA (adherence varies, fidelity NA because intervention portal available)	No	Yes	Unclear
Garner et al., 2012 <sup>6</sup>	NA	Yes	No	Yes	Unclear
Glisson et al., 2012 <sup>7</sup>	NA	Yes	No	Yes	Unclear
Glisson et al., 2010 <sup>8</sup>	NA	Unclear, but similar across arms when measured (some tapes were missing)	No, except for out-of-home placement (based on caregiver recall)	Yes	Unclear

NA = not applicable.

**Table C4. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents (Part 4)**

<b>First Author, Year</b>	<b>Did variation from the study protocol compromise the conclusions of the study?</b>	<b>What was the overall attrition?/What was the overall response rate?</b>	<b>What was the overall differential attrition?</b>	<b>Did the study have high attrition or low response rate raising concern for bias?</b>	<b>Is the analysis conducted on an intention-to-treat (ITT) basis?</b>
Beidas et al., 2012 <sup>1</sup>	Unclear	2% attrition at posttraining; 3% at follow-up assessment	Unclear but <5%	No	Yes (some outcomes)
Bickman et al., 2011 <sup>2</sup>	Unclear	43% of sites	G1: (45.8%) 11/24 sites G2: (38.4%) 10/26 sites Differential attrition: 7.4%	Yes	No
Carroll et al., 2013 <sup>3</sup>	Unclear	0 clinics dropped out, patient dropout rate NA because of retrospective selection of charts	NA	NA	NA
Epstein et al., 2007 <sup>4</sup>	No	NA (retrospective electronic; chart review)	NA	NA	NA
Epstein et al., 2011 <sup>5</sup>	Unclear	100% had at least some missing data	Clinics: 0; Providers: G1: 64 % (16/25) G2: 81.5% (22/27); Differential attrition: 17.5; Patients differential attrition: 0 because of 100 partial or full attrition in both arms (Of 146 participants selected for follow-up, 45 had data from all 3 data points. The remaining 101 participants had at least 1 missing data point.)	Yes	Yes
Garner et al., 2012 <sup>6</sup>	No	organizations 0%, therapist competence ratings 19%, patient targets 20%, patient remission status 49%	1.7% for therapists, 0.4% for patient targets, 7.5% for patient remission	Yes	Yes
Glisson et al., 2012 <sup>7</sup>	Unclear	2 control sites found ineligible after randomization and replaced. All 26 programs retained, loss to followup in clinicians Unclear	Unclear	Unclear	No
Glisson et al., 2010 <sup>8</sup>	No	23.3% at 6 month f/u; 38.1% for 12 month f/u	4% at 6 month f/u; 6.7% at 12-month	Yes	No

NA = not applicable.

**Table C5. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents (Part 5)**

<b>First Author, Year</b>	<b>Did the analysis adjust for potential confounders?</b>	<b>Did the study have cross-overs or contamination raising concern for bias?</b>	<b>Were outcomes pre-specified/defined and adequately described?</b>	<b>Were outcome measures valid and reliable?</b>	<b>Were all important outcomes considered?</b>
Beidas et al., 2012 <sup>1</sup>	NA	Unclear	Yes	Yes	Yes
Bickman et al., 2011 <sup>2</sup>	NA	Unclear	Yes	Yes	No
Carroll et al., 2013 <sup>3</sup>	NA	Unclear	Yes	Yes	Yes
Epstein et al., 2007 <sup>4</sup>	NA	Unclear	Yes	Yes	Yes
Epstein et al., 2011 <sup>5</sup>	NA	Unclear	Yes	Yes	Yes
Garner et al., 2012 <sup>6</sup>	NA	Unclear	Yes	Yes	Yes
Glisson et al., 2012 <sup>7</sup>	NA	NR	Yes	Yes	Yes
Glisson et al., 2010 <sup>8</sup>	NA	Unclear	Yes	Yes	Yes

NA = not applicable.

**Table C6. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents (Part 6)**

<b>First Author, Year</b>	<b>Was the duration of followup adequate to assess the outcome?</b>	<b>Was an appropriate method used to handle missing data?</b>	<b>Risk of Bias Rating</b>	<b>Comments</b>
Beidas et al., 2012 <sup>1</sup>	Yes	NA	Low	
Bickman et al., 2011 <sup>2</sup>	Unclear	NA	High	Initial design was a 2X2, but over 40% of the sites dropped out, leaving only a standard vs. control experiment. Access to data from missing sites was not available for an ITT analysis. Blinding of patients and outcome assessors unclear. Method of randomization, allocation concealment, fidelity to protocol, timing of outcome measurement also unclear
Carroll et al., 2013 <sup>3</sup>	Yes	NA	Unclear	Although study does not control for baseline differences in race and insurance status, these differences may not be relevant for main outcome
Epstein et al., 2007 <sup>4</sup>	Yes	NA	Unclear	Generally low of bias, but insufficient information on some criteria
Epstein et al., 2011 <sup>5</sup>	Yes	NA	High	High attrition rate (although ITT was conducted) and low fidelity/adherence
Garner et al., 2012 <sup>6</sup>	Yes	NA	Medium	Study has high attrition rates (authors report no difference in baseline characteristics between intervention and control arms)
Glisson et al., 2012 <sup>7</sup>	Yes	NA	Unclear	Because 2 of 26 sites were found ineligible, they were replaced, but differences in baseline characteristics and controls for these potential differences were not described, so not possible to judge the effect of this alteration to the outcomes
Glisson et al., 2010 <sup>8</sup>	Yes	NA	Medium	Rate of attrition is over 20%; missing information on fidelity; recall bias for out-of-home placement; unclear outcome assessor blinding

ITT = intent to treat; NA = not applicable.



**Table C7. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents**

<b>First Author, Year</b>	<b>Were eligibility criteria described clearly?</b>	<b>Are the inclusion/exclusion criteria measured using valid and reliable measures, implemented across all study participants?</b>	<b>Was symptom status of subjects determined using valid and reliable methods?</b>	<b>Was the intervention or exposure clearly defined, across all study participant</b>	<b>Was randomization adequate?</b>	<b>Was allocation concealment adequate?</b>	<b>Was strategy for recruiting participants into the study the same across study groups?</b>
Gully et al., 2008 <sup>9</sup> (study 1)	Yes	Yes	NA	Yes	NA	NA	NA
Gully et al., 2008 <sup>9</sup> (study 2)	Yes	Yes	NA	Yes	Unclear	Unclear	NA
Henggeler et al., 2008 <sup>10</sup>	No	Unclear	NA	Yes	NA	NA	NA
Lester et al., 2009 <sup>11</sup>	Yes	Yes	NA	Yes	Yes	Yes	NA
Lochman et al., 2009 <sup>12</sup>	Yes	Yes	NA	Yes	Unclear	Unclear	NA
Ronsley et al., 2012 <sup>13</sup>	Yes	Yes	NA	Yes	NA	NA	Yes
Wildman et al., 2012 <sup>14</sup>	No for the clinics, no patients	No for the clinics, no patients	NA	Yes	NA (unclear that all clinics were randomized)	NA	NA

NA = not applicable.

**Table C8. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents**

<b>First Author, Year</b>	<b>Do start of follow-up and start of intervention coincide?</b>	<b>Are baseline characteristics similar between groups?</b>	<b>Did the study control for baseline differences between groups?</b>	<b>Were participants and the administrators of the intervention blinded to the intervention or exposure status of participants?</b>	<b>Were the outcome assessors blinded?</b>
Gully et al., 2008 <sup>9</sup> (study 1)	Yes	Yes	NA	No	No
Gully et al., 2008 <sup>9</sup> (study 2)	NA	No	Yes	No	No
Henggeler et al., 2008 <sup>10</sup>	Yes	No, WSO therapists older than IQA	No	Not possible for clinicians, unclear for patients	Unclear
Lester et al., 2009 <sup>11</sup>	NA	No	No	Yes for patients	Yes
Lochman et al., 2009 <sup>12</sup>	Yes	Unclear	No	Not possible for counselors, unclear for patients	Unclear
Ronsley et al., 2012 <sup>13</sup>	No	Yes	No	NA	Unclear
Wildman et al., 2012 <sup>14</sup>	Unclear	No, colocation parents likely to be older. Colocation parents less likely to be employed.	No	No	Unclear

NA = not applicable.

**Table C9. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents**

<b>First Author, Year</b>	<b>Were outcome assessors blinded to the exposure?</b>	<b>Was intervention fidelity adequate?</b>	<b>Was there a risk of recall bias?</b>	<b>Did the study focus on the time period that we are interested in?</b>	<b>Did researchers rule out any impact from a concurrent intervention or an unintended exposure that might bias results?</b>
Gully et al., 2008 <sup>9</sup> (study 1)	NA	Unclear	No	Yes	No
Gully et al., 2008 <sup>9</sup> (study 2)	NA	Unclear	No	Yes	No
Henggeler et al., 2008 <sup>10</sup>	NA	Unclear	No	Yes	Unclear
Lester et al., 2009 <sup>11</sup>	NA	Unclear	No	Yes	No (recruitment was in 3 waves as practices opened in the city)
Lochman et al., 2009 <sup>12</sup>	NA	Unclear	No	Yes	Unclear
Ronsley et al., 2012 <sup>13</sup>	NA	Unclear	No	Yes	Unclear
Wildman et al., 2012 <sup>14</sup>	NA	Unclear	No	Yes	Unclear

NA = not applicable.

**Table C10. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents**

<b>First Author, Year</b>	<b>Did variation from the study protocol compromise the conclusions of the study?</b>	<b>What was the overall attrition?/What was the overall response rate?</b>	<b>What was the overall differential attrition?</b>	<b>Did the study have high attrition or low response rate raising concern for bias?</b>	<b>Is the analysis conducted on an intention-to-treat (ITT) basis?</b>
Gully et al., 2008 <sup>9</sup> (study 1)	Unclear	48%	0%	Yes	NA
Gully et al., 2008 <sup>9</sup> (study 2)	Unclear	41% attrition	3%	Yes	No
Henggeler et al., 2008 <sup>10</sup>	Unclear	Unclear, 100% of therapists consented, but turnover (unspecified volume) of therapists occurred, and not all therapists referred patients to the study	Unclear	Unclear	No
Lester et al., 2009 <sup>11</sup>	Unclear	Appears to be 0 for primary outcome, secondary outcome: 111/179	Unclear	Yes	No
Lochman et al., 2009 <sup>12</sup>	Unclear	6% parents and 12% teacher ratings attrition	NR but not significant for some measures as reported in Methods	Some tests of differential attrition were significant	No
Ronsley et al., 2012 <sup>13</sup>	NA	NA (retrospective electronic and chart review)	NA	NA	NA
Wildman et al., 2012 <sup>14</sup>	Unclear	Unclear	Unclear	Unclear	NA

NA = not applicable.

**Table C11. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents**

<b>First Author, Year</b>	<b>Did the analysis adjust for potential confounders?</b>	<b>Did the study have cross-overs or contamination raising concern for bias?</b>	<b>Were outcomes pre-specified/defined and adequately described?</b>	<b>Were outcome measures valid and reliable?</b>	<b>Were all important outcomes considered?</b>
Gully et al., 2008 <sup>9</sup> (study 1)	NA	Unclear	Yes	Unclear	Unclear
Gully et al., 2008 <sup>9</sup> (study 2)	NA	Unclear	Yes	Unclear	Unclear
Henggeler et al., 2008 <sup>10</sup>	NA	Unclear	Yes	Yes	Yes
Lester et al., 2009 <sup>11</sup>	NA	Unclear	Yes	Yes	Yes
Lochman et al., 2009 <sup>12</sup>	NA	Unclear	Yes	Yes	Yes
Ronsley et al., 2012 <sup>13</sup>	No	Unclear	Yes	Yes	Yes
Wildman et al., 2012 <sup>14</sup>	NA	Unclear	Yes	No	Yes

NA = not applicable.

**Table C12. Risk of Bias Assessment for strategies to improve mental health care for children and adolescents**

<b>First Author, Year</b>	<b>Was the duration of followup adequate to assess the outcome?</b>	<b>Was an appropriate method used to handle missing data?</b>	<b>Risk of Bias Rating</b>	<b>Comments</b>
Gully et al., 2008 <sup>9</sup> (study 1)	Yes	No	High	High attrition and no adjustment for missing data, potential for confounding through nonrandom assignment
Gully et al., 2008 <sup>9</sup> (study 2)	Yes	NA	High	High attrition and no adjustment for missing data
Henggeler et al., 2008 <sup>10</sup>	Yes	NA	Unclear	Insufficient information to judge risk of bias on most criteria. Potential for bias from unmeasured concurrent interventions and turnover in therapists
Lester et al., 2009 <sup>11</sup>	Yes	NA	High	High attrition rate for secondary outcomes
Lochman et al., 2009 <sup>12</sup>	Yes	NA	Unclear	Study has high attrition rates (authors report no difference in baseline characteristics between intervention and control arms)
Ronsley et al., 2012 <sup>13</sup>	Yes	Unclear	Unclear	
Wildman et al., 2012 <sup>14</sup>	Yes	Unclear	High	Study results not adjusted for baseline differences and did not measure “differences in the cultures served by the practice, how the PCPs explained the program, and other patient, physician, and practice attributes.”

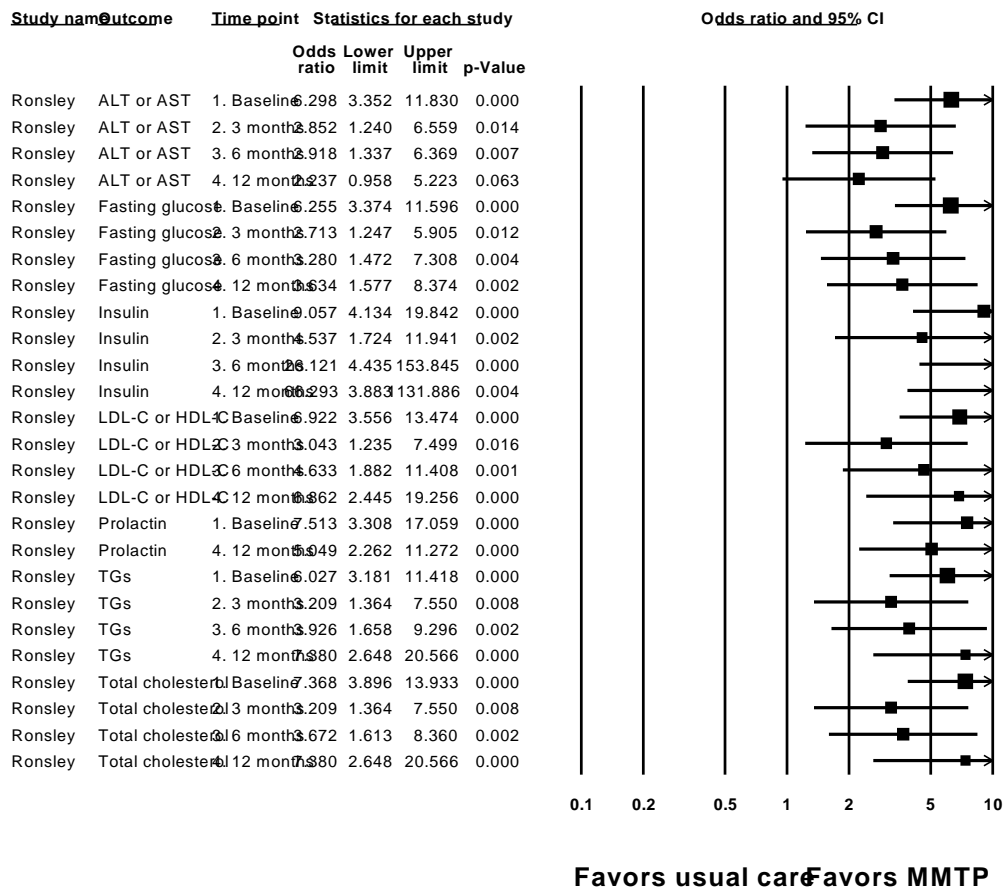
NA = not applicable.

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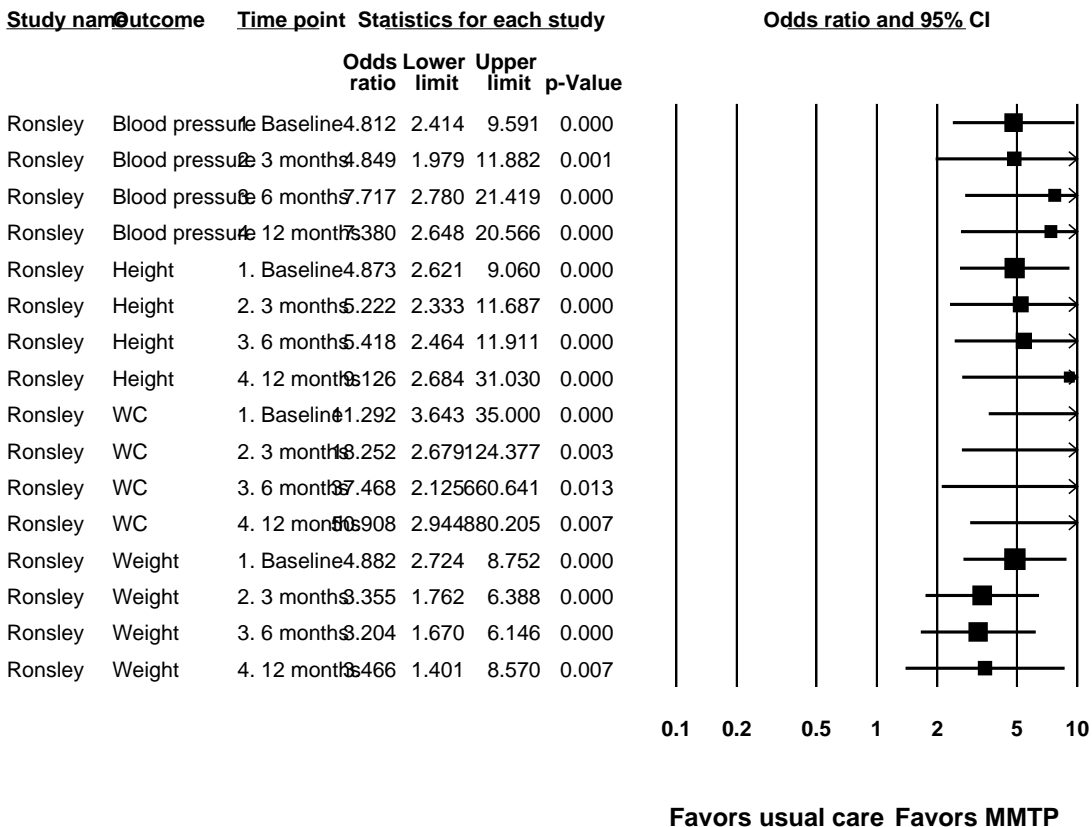
# Appendix D. Forest Plots

## Blood work measures (Ronsley et al. 2016)

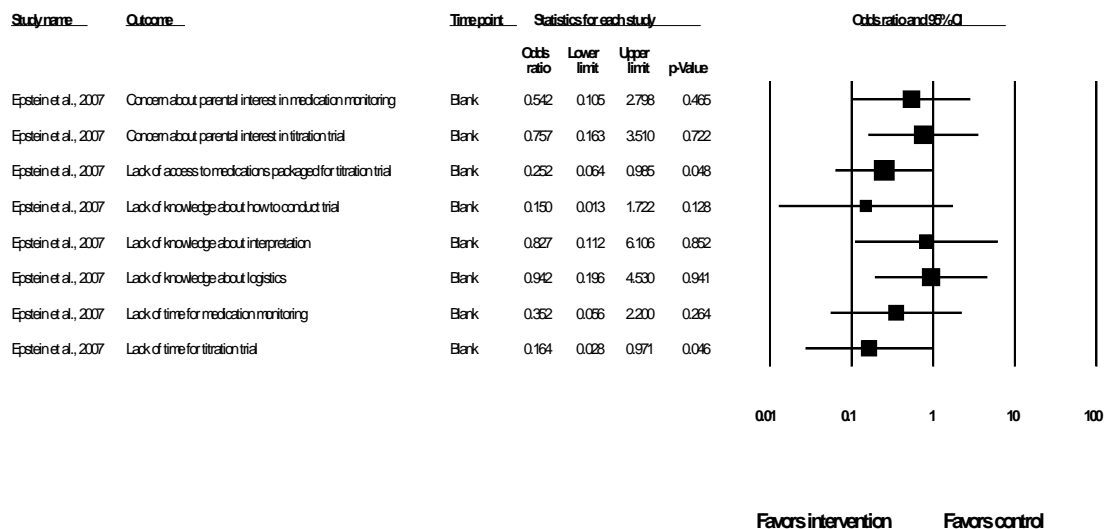




# Anthropometric outcomes (Ronsley et al. 2012)



# Obstacles Preventing Implementation (Epstein et al. 2007)



## Appendix E. EPOC Taxonomy Tables

**Table E1. SIMHC Intervention EPOC Taxonomy Table, Part 1**

	Beidas et al., 2012 <sup>1</sup> Arm 1	Beidas et al., 2012 <sup>1</sup> Arm 2	Beidas et al., 2012 <sup>1</sup> Arm 3
<b>Professional Interventions</b>	<b>Augmented Training</b>	<b>Computer Training</b>	<b>Routine Training</b>
Distribution of educational materials (Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications. The materials may have been delivered personally or through mass mailings.)		x (6-hour, computer-based, self-guided training to teach step-by-step instructions for each session of the Copy Cat program [CBT for anxiety] and videos of treatment sessions, therapist tips, and links to research articles)*	
Educational meetings (Health care providers who have participated in conferences, lectures, workshops, or traineeships.)	x (6-hour experiential workshop focusing on core CBT principles, behavioral role-play, and interteaching that included small group activities)*		x (6-hour workshop to teach session-by-session Copy Cat program [CBT for anxiety] that included didactic instruction [PowerPoint] and viewing of videotapes of representative youths receiving treatment)*
Local consensus processes (Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate.)			
Educational outreach visits (Use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice. The information given may have included feedback on the performance of the provider[s]).			
Patient-mediated interventions (New clinical information [not previously available] collected directly from patients and given to the provider [e.g., depression scores from an instrument].)			
Audit and feedback (Any summary of clinical performance of health care over a specified period of time. The summary may also have included recommendations for clinical action. The information may have been obtained from medical records, computerized databases, or observations from patients.)			

**Table E1. SIMHC Intervention EPOC Taxonomy Table, Part 1 (continued)**

	Beidas et al., 2012 <sup>1</sup> Arm 1	Beidas et al., 2012 <sup>1</sup> Arm 2	Beidas et al., 2012 <sup>1</sup> Arm 3
Reminders (Patient- or encounter-specific information, provided verbally, on paper, or on a computer screen, that is designed or intended to prompt a health professional to recall information. This would usually be encountered through their general education, in the medical records, or through interactions with peers and would remind them to perform or avoid some action to aid individual patient care. Computer-aided decision support and drugs dosage are included.)			
Marketing (Use of personal interviewing, group discussion [focus groups], or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers.)			
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)	x (weekly consultation via virtual conferencing platform for 3 months after training [phone or via computer] to attend 1-hour weekly virtual group meetings)	x (weekly consultation via virtual conferencing platform for 3 months after training [phone or via computer] to attend 1-hour weekly virtual group meetings)	x (weekly consultation via virtual conferencing platform for 3 months after training [phone or via computer] to attend 1-hour weekly virtual group meetings)
<b>Financial Interventions</b>			
<b>Financial: Provider Interventions</b>			
Provider incentives (Provider received direct or indirect financial reward or benefit for doing specific action.)			
Provider grant/allowance (Provider received direct or indirect financial reward or benefit not tied to specific action.)			
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)			
<b>Financial: Patient Interventions</b>			
Patient incentives (Patient received direct or indirect financial reward or benefit for doing or encouraging them to do specific action.)			
<b>Organizational Interventions</b>			
<b>Organizational: Provider-Oriented interventions</b>			
Clinical multidisciplinary teams (Creation of a new team of health professionals of different disciplines or additions of new members to the team who work together to care for patients.)			
Satisfaction of providers with the conditions of work and the material and psychic rewards (e.g., interventions to “boost morale”)			

**Table E1. SIMHC Intervention EPOC Taxonomy Table, Part 1 (continued)**

	Beidas et al., 2012 <sup>1</sup> Arm 1	Beidas et al., 2012 <sup>1</sup> Arm 2	Beidas et al., 2012 <sup>1</sup> Arm 3
<b>Organizational: Structural Interventions</b>			
Changes in scope and nature of benefits and services			
Presence and organization of quality monitoring mechanisms			
Staff organization			
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)			

\* Component differed across study arms

CBT = cognitive behavioral therapy; EPOC = Effective Practice and Organization of Care; SIMHC = Strategies to Improve the Mental Health Care of Children and Adolescents

**Table E2. SIMHC Intervention EPOC Taxonomy Table, Part 2**

	<b>Bickman et al., 2011<sup>2</sup> Arm 1</b>	<b>Bickman et al., 2011<sup>2</sup> Arm 2</b>	<b>Caroll et al., 2013<sup>3</sup> Arm 1</b>	<b>Caroll et al., 2013<sup>3</sup> Arm 2</b>
<b>Professional Interventions</b>	<b>Feedback</b>	<b>Control</b>	<b>Computer Decision Support Plus EHR Plus ADHD Guidelines</b>	<b>Computer Decision Support Plus EHR</b>
Distribution of educational materials (Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications. The materials may have been delivered personally or through mass mailings.)	x (Web-based modules, but unsuccessful intervention component, considered an implementation failure)	x (Web-based modules, but unsuccessful intervention component, considered an implementation failure)		
Educational meetings (Health care providers who have participated in conferences, lectures, workshops, or traineeships.)	x (initial workshop)	x (initial workshop)		
Local consensus processes (Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate.)				
Educational outreach visits (Use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice. The information given may have included feedback on the performance of the provider[s]).				
Patient-mediated interventions (New clinical information [not previously available] collected directly from patients and given to the provider [e.g., depression scores from an instrument].)	x (audit and feedback described below comes from patient, caregiver, and clinician scores of symptom severity and functioning)	x (audit and feedback described below comes from patient, caregiver, and clinician scores of symptom severity and functioning)	x (data from scannable prescreener form containing 20 questions that parents answer while in the waiting room are entered into the CHICA [Child Health Improvement through Computer Automation] system; 3 screening questions alerted CHICA to potential ADHD.)*	x (data from scannable prescreener form containing 20 questions that parents answer while in the waiting room are entered into the CHICA [Child Health Improvement through Computer Automation] system)*

**Table E2. SIMHC Intervention EPOC Taxonomy Table, Part 2 (continued)**

	<b>Bickman et al., 2011<sup>2</sup> Arm 1</b>	<b>Bickman et al., 2011<sup>2</sup> Arm 2</b>	<b>—</b>	<b>Caroll et al., 2013<sup>3</sup> Arm 1</b>	<b>Caroll et al., 2013<sup>3</sup> Arm 2</b>
Audit and feedback (Any summary of clinical performance of health care over a specified period of time. The summary may also have included recommendations for clinical action. The information may have been obtained from medical records, computerized databases, or observations from patients.)	x (weekly feedback plus cumulative 90-day feedback)*	X (cumulative 90-day feedback only)*			
Reminders (Patient- or encounter-specific information, provided verbally, on paper, or on a computer screen, that is designed or intended to prompt a health professional to recall information. This would usually be encountered through their general education, in the medical records, or through interactions with peers and would remind them to perform or avoid some action to aid individual patient care. Computer-aided decision support and drugs dosage are included.)				x (6 prompts to physicians that include check box responses to record the physician's assessment and actions specific to ADHD. The CHICA ADHD module automatically printed customized and scannable Vanderbilt assessment scales if the child was suspected of having ADHD based on parent answers or was already diagnosed with ADHD. If a follow-up assessment was needed, CHICA would automatically print the parent and teacher follow-up Vanderbilt forms. The CHICA ADHD module also instructed the physician in the proper distribution and completion of the Vanderbilt forms to the screening questions)*	x (6 prompts to physicians that include check box responses to record the physician's assessment and actions)*

**Table E2. SIMHC Intervention EPOC Taxonomy Table, Part 2 (continued)**

	Bickman et al., 2011 <sup>2</sup> Arm 1	Bickman et al., 2011 <sup>2</sup> Arm 2	Caroll et al., 2013 <sup>3</sup> Arm 1	Caroll et al., 2013 <sup>3</sup> Arm 2
Marketing (Use of personal interviewing, group discussion [focus groups], or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)	x (individual support by phone or email)	x (individual support by phone or email)		
<b>Financial Interventions</b>				
<b>Financial: Provider Interventions</b>				
Provider incentives (Provider received direct or indirect financial reward or benefit for doing specific action.)				
Provider grant/allowance (Provider received direct or indirect financial reward or benefit not tied to specific action.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				
<b>Financial: Patient Interventions</b>				
Patient incentives (Patient received direct or indirect financial reward or benefit for doing or encouraging them to do specific action.)				
<b>Organizational Interventions</b>				
<b>Organizational: Provider-Oriented interventions</b>				
Clinical multidisciplinary teams (Creation of a new team of health professionals of different disciplines or additions of new members to the team who work together to care for patients.)				
Satisfaction of providers with the conditions of work and the material and psychic rewards (e.g., interventions to "boost morale")				

**Table E2. SIMHC Intervention EPOC Taxonomy Table, Part 2 (continued)**

	Bickman et al., 2011 <sup>2</sup> Arm 1	Bickman et al., 2011 <sup>2</sup> Arm 2	—	Caroll et al., 2013 <sup>3</sup> Arm 1	Caroll et al., 2013 <sup>3</sup> Arm 2
<b>Organizational: Structural Interventions</b>					
Changes in scope and nature of benefits and services					
Presence and organization of quality monitoring mechanisms	X (ongoing monitoring)	X (ongoing monitoring)		x (prompts to record assessments and actions, specific to ADHD, so parent and teacher assessment forms were automatically stored by CHICA and recorded in the system. CHICA printed a summary sheet with all subscores and interpretations from each assessment form. interpretations were also made available as prompts on the physician worksheet at subsequent follow-up visits. The CHICA ADHD module also made treatment recommendations based on established guidelines. This included appropriate starting doses for medications and suggested medication changes if treatment goals were not met.)*	x (prompts to record assessments and actions but not specific to ADHD)*
Staff organization					
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)					

\* Component differed across study arm

ADHD = Attention Deficit Hyperactivity Disorder; EPOC = Effective Practice and Organization of Care; SIMHC = Strategies to Improve the Mental Health Care of Children and Adolescents



**Table E3. SIMHC Intervention EPOC Taxonomy Table, Part 3**

	Epstein et al., 2011 <sup>4</sup> Arm 1	Epstein et al., 2011 <sup>4</sup> Arm 2	Epstein et al., 2007 <sup>5</sup> Arm 1	Epstein et al., 2007 <sup>5</sup> Arm 2
<b>Professional Interventions</b>	<b>Internet Portal</b>	<b>Delayed after 6 Months</b>	<b>Titration and Monitoring (collaborative consultation)</b>	<b>Control</b>
Distribution of educational materials (Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications. The materials may have been delivered personally or through mass mailings.)	x (two 60-minute didactic sessions were conducted by a practicing community-based, primary care physician)*			
Educational meetings (Health care providers who have participated in conferences, lectures, workshops, or traineeships.)	x (sessions conducted by a practicing community-based, primary care physician)*			
Local consensus processes (Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate.)				
Educational outreach visits (Use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice. The information given may have included feedback on the performance of the provider[s]).				
Patient-mediated interventions (New clinical information [not previously available] collected directly from patients and given to the provider [e.g., depression scores from an instrument].)	x (Internet-based platform through which parents, teachers, and pediatricians all input information (e.g., rating scales) about the target child during initial ADHD assessment and treatment. After rating scales are input by parents and teachers, computerized algorithms score and interpret the data and then output a report that is helpful to pediatricians*)			

**Table E3. SIMHC Intervention EPOC Taxonomy Table, Part 3 (continued)**

	<b>Epstein et al., 2011<sup>4</sup> Arm 1</b>	<b>Epstein et al., 2011<sup>4</sup> Arm 2</b>	<b>Epstein et al., 2007<sup>5</sup> Arm 1</b>	<b>Epstein et al., 2007<sup>5</sup> Arm 2</b>
Audit and feedback (Any summary of clinical performance of health care over a specified period of time. The summary may also have included recommendations for clinical action. The information may have been obtained from medical records, computerized databases, or observations from patients.)	x (introduced to a performance improvement technique that focuses on performing small tests of change or plan-do-study-act cycles)*		x (collaborative care service where pediatricians were taught to use different weekly titration trials to determine optimal doses of ADHD medication for children with ADHD who had not been on medication previously, using data collected from both parents and teachers [rating scales to monitor medication efficacy and side effects during medication maintenance] with reports of rating sent back to pediatricians)*	
Reminders (Patient- or encounter-specific information, provided verbally, on paper, or on a computer screen, that is designed or intended to prompt a health professional to recall information. This would usually be encountered through their general education, in the medical records, or through interactions with peers and would remind them to perform or avoid some action to aid individual patient care. Computer-aided decision support and drugs dosage are included.)	X (Internet portal for all new and existing patients to assess ADHD, to titrate medications, to monitor responses to medications systematically, to communicate with parents and teachers through email, and to monitor ADHD care quality by using an online report card)*			
Marketing (Use of personal interviewing, group discussion [focus groups], or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				

**Table E3. SIMHC Intervention EPOC Taxonomy Table, Part 3 (continued)**

Table 10 Clinical Intervention 1: EPOC Taxonomy Table, Part 6 (continued)	Epstein et al., 2011 <sup>4</sup> Arm 1	Epstein et al., 2011 <sup>4</sup> Arm 2	Epstein et al., 2007 <sup>5</sup> Arm 1	Epstein et al., 2007 <sup>5</sup> Arm 2
<b>Financial Interventions</b>				
<b>Financial: Provider Interventions</b>				
Provider incentives (Provider received direct or indirect financial reward or benefit for doing specific action.)	x (credit toward the American Board of Pediatrics Maintenance of Certification Performance in Practice requirement)*			
Provider grant/allowance (Provider received direct or indirect financial reward or benefit not tied to specific action.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				
<b>Financial: Patient Interventions</b>				
Patient incentives (Patient received direct or indirect financial reward or benefit for doing or encouraging them to do specific action.)				
<b>Organizational Interventions</b>				
<b>Organizational: Provider-Oriented interventions</b>				
Clinical multidisciplinary teams (Creation of a new team of health professionals of different disciplines or additions of new members to the team who work together to care for patients.)	x (collaborative consultation services to assist with titration and monitoring of ADHD medications: pediatricians were assisted in using titration trials to determine optimal dosages for children and using rating scales to monitor medication efficacy and side effects during medication maintenance)*			
Satisfaction of providers with the conditions of work and the material and psychic rewards (e.g., interventions to “boost morale”)				

**Table E3. SIMHC Intervention EPOC Taxonomy Table, Part 3 (continued)**

	Epstein et al., 2011 <sup>4</sup> Arm 1	Epstein et al., 2011 <sup>4</sup> Arm 2	Epstein et al., 2007 <sup>5</sup> Arm 1	Epstein et al., 2007 <sup>5</sup> Arm 2
<b>Organizational: Structural Interventions</b>				
Changes in scope and nature of benefits and services				
Presence and organization of quality monitoring mechanisms	x (3, 6, 9, and 12 months after training, study staff members contacted the offices to prompt them to review their Internet portal practice report cards. After identifying underperforming practice behaviors, each practice identified an area to target and then created a plan-do-study-act cycle <sup>13</sup> to address the target behavior)*			
Staff organization	x (goal of modifying office flow)*			
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				

\* Component differed across study arms

ADHD = Attention Deficit Hyperactivity Disorder; EPOC = Effective Practice and Organization of Care; SIMHC = Strategies to Improve the Mental Health Care of Children and Adolescents

**Table E4. SIMHC Intervention EPOC Taxonomy Table, Part 4**

	<b>Garner et al., 2012<sup>6</sup> Arm 1</b>	<b>Garner et al., 2012<sup>6</sup> Arm 2</b>	<b>Glisson et al., 2012<sup>7</sup> ARC</b>	<b>Glisson et al., 2012<sup>7</sup> Control</b>
<b>Professional Interventions</b>	<b>Pay for Performance</b>	<b>Implementation as Usual</b>	<b>ARC</b>	<b>Control</b>
Distribution of educational materials (Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications. The materials may have been delivered personally or through mass mailings.)	x (reading the A-CRA treatment manual)	x (reading the A-CRA treatment manual)	x (ARC team-based manual to create organizational social contexts necessary for successful implementation)*	
Educational meetings (Health care providers who have participated in conferences, lectures, workshops, or traineeships.)	x (3 1/2 day A-CRA training workshop)	x (3 1/2 day A-CRA training workshop)	x (ARC training)*	
Local consensus processes (Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate.)				
Educational outreach visits (Use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice. The information given may have included feedback on the performance of the provider[s]).	x (quantitative and qualitative feedback from trained raters and participation in biweekly calls with the developers of the A-CRA model)	x (quantitative and qualitative feedback from trained raters and participation in biweekly calls with the developers of the A-CRA model)	x (ARC specialist who trains clinicians in using organizational tools that are required for clinicians to identify and address barriers to service innovation and effectiveness in their agency)*	
Patient-mediated interventions (New clinical information [not previously available] collected directly from patients and given to the provider [e.g., depression scores from an instrument].)				
Audit and feedback (Any summary of clinical performance of health care over a specified period of time. The summary may also have included recommendations for clinical action. The information may have been obtained from medical records, computerized databases, or observations from patients.)			x (intervention provides feedback tools)*	
Reminders (Patient- or encounter-specific information, provided verbally, on paper, or on a computer screen, that is designed or intended to prompt a health professional to recall information. This would usually be encountered through their general education, in the				

**Table E4. SIMHC Intervention EPOC Taxonomy Table, Part 4 (continued)**

	<b>Garner et al., 20126 Arm 1</b>	<b>Garner et al., 20126 Arm 2</b>	<b>Glisson et al., 20127 ARC</b>	<b>Glisson et al., 20127 Control</b>
medical records, or through interactions with peers and would remind them to perform or avoid some action to aid individual patient care. Computer-aided decision support and drugs dosage are included.)				
Marketing (Use of personal interviewing, group discussion [focus groups], or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)	x (therapists also received quantitative and qualitative feedback from trained raters and participated in biweekly calls with the developers of the A-CRA model)	x (therapists also received quantitative and qualitative feedback from trained raters and participated in biweekly calls with the developers of the A-CRA model)	x (train to use tools to identify and address barriers to service innovation and effectiveness in their agency); x (develop cognitive models and attitudes among clinicians and administrators that are necessary for service innovation and improvement efforts)*	
<b>Financial Interventions</b>				
<b>Financial: Provider Interventions</b>				
Provider incentives (Provider received direct or indirect financial reward or benefit for doing specific action.)	x (\$200 for each patient who received at least 10 of 12 specific A-CRA procedures delivered in first 14 days of treatment in no fewer than 7 sessions plus \$50 for each month they demonstrated competent delivery of all components of at least 1 A-CRA treatment procedure during the same treatment session)*			

**Table E4. SIMHC Intervention EPOC Taxonomy Table, Part 4 (continued)**

	<b>Garner et al., 2012<sup>6</sup> Arm 1</b>	<b>Garner et al., 2012<sup>6</sup> Arm 2</b>	<b>Glisson et al., 2012<sup>7</sup> ARC</b>	<b>Glisson et al., 2012<sup>7</sup>Control</b>
Provider grant/allowance (Provider received direct or indirect financial reward or benefit not tied to specific action.)	x (\$300,000 for each of 3 years to support A-CRA implementation from SAMHSA)	x (\$300,000 for each of 3 years to support A-CRA implementation from SAMHSA)		
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				
<b>Financial: Patient Interventions</b>				
Patient incentives (Patient received direct or indirect financial reward or benefit for doing or encouraging them to do specific action.)				
<b>Organizational Interventions</b>				
<b>Organizational: Provider-Oriented interventions</b>				
Clinical multidisciplinary teams (Creation of a new team of health professionals of different disciplines or additions of new members to the team who work together to care for patients.)				
Satisfaction of providers with the conditions of work and the material and psychic rewards (e.g., interventions to “boost morale”)			x (work by ARC specialist to bridge social and technical gaps between those seeking to implement service improvements and other key stakeholders [e.g., clinical teams and administrators, respectively])*	
<b>Organizational: Structural Interventions</b>				
Changes in scope and nature of benefits and services				
Presence and organization of quality monitoring mechanisms				
Staff organization				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				

\* Component differed across study arms

A-CRA = Adolescent Community Reinforcement Approach; ARC = Attachment, Self-Regulation, and Competency; EPOC = Effective Practice and Organization of Care; SAMHSA = Substance Abuse and Mental Health Services Administration; SIMHC = Strategies to Improve the Mental Health Care of Children and Adolescents

**Table E5. SIMHC Intervention EPOC Taxonomy Table, Part 5**

	Glisson et al., 2010 <sup>8</sup> MST+ARC	Glisson et al., 2010 <sup>8</sup> MST	Glisson et al., 2010 <sup>8</sup> ARC	Glisson et al., 2010 <sup>8</sup> Control
<b>Professional Interventions</b>	<b>ARC and MST</b>	<b>MST</b>	<b>ARC</b>	<b>Control</b>
Distribution of educational materials (Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications. The materials may have been delivered personally or through mass mailings.)	x (ARC team-based manual to create organizational social contexts necessary for successful implementation and MST manual for therapist)*	x (MST manual for therapist)*	x (ARC team-based manual to create organizational social contexts necessary for successful implementation)*	
Educational meetings (Health care providers who have participated in conferences, lectures, workshops, or traineeships.)	x (5-day MST orientation and booster training)*	x (5-day MST orientation and booster training)*	x (ARC training)*	
Local consensus processes (Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate.)				
Educational outreach visits (Use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice. The information given may have included feedback on the performance of the provider[s]).	x (ARC specialist who trains clinicians in using organizational tools that are required for clinicians to identify and address barriers to service innovation and effectiveness in their agency and on-site MST clinical supervision guided by a manual-based supervision protocol)*	x (on-site MST clinical supervision guided by a manual-based supervision protocol)*	x (ARC specialist who trains clinicians in using organizational tools that are required for clinicians to identify and address barriers to service innovation and effectiveness in their agency)*	
Patient-mediated interventions (New clinical information [not previously available] collected directly from patients and given to the provider [e.g., depression scores from an instrument].)				



**Table E5. SIMHC Intervention EPOC Taxonomy Table, Part 5 (continued)**

	<b>Glisson et al., 2010<sup>8</sup> MST+ARC</b>	<b>Glisson et al., 2010<sup>8</sup> MST</b>	<b>Glisson et al., 2010<sup>8</sup> ARC</b>	<b>Glisson et al., 2010<sup>8</sup> Control</b>
Audit and feedback (Any summary of clinical performance of health care over a specified period of time. The summary may also have included recommendations for clinical action. The information may have been obtained from medical records, computerized databases, or observations from patients.)	x Feedback on adherence to MST protocols*	x Feedback on adherence to MST protocols*		
Reminders (Patient- or encounter-specific information, provided verbally, on paper, or on a computer screen, that is designed or intended to prompt a health professional to recall information. This would usually be encountered through their general education, in the medical records, or through interactions with peers and would remind them to perform or avoid some action to aid individual patient care. Computer-aided decision support and drugs dosage are included.)				
Marketing (Use of personal interviewing, group discussion [focus groups], or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)	x (train to use tools to identify and address barriers to service innovation and effectiveness in their agency); x (develop cognitive models and attitudes among clinicians and administrators that are necessary for service innovation and improvement efforts)*		x (train to use tools to identify and address barriers to service innovation and effectiveness in their agency); x (develop cognitive models and attitudes among clinicians and administrators that are necessary for service innovation and improvement efforts)*	

**Table E5. SIMHC Intervention EPOC Taxonomy Table, Part 5 (continued)**

	Glisson et al., 2010 <sup>8</sup> MST+ARC	Glisson et al., 2010 <sup>8</sup> MST	Glisson et al., 2010 <sup>8</sup> ARC	Glisson et al., 2010 <sup>8</sup> Control
<b>Financial Interventions</b>				
<b>Financial: Provider Interventions</b>				
Provider incentives (Provider received direct or indirect financial reward or benefit for doing specific action.)				
Provider grant/allowance (Provider received direct or indirect financial reward or benefit not tied to specific action.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				
<b>Financial: Patient Interventions</b>				
Patient incentives (Patient received direct or indirect financial reward or benefit for doing or encouraging them to do specific action.)				
<b>Organizational Interventions</b>				
<b>Organizational: Provider-Oriented interventions</b>				
Clinical multidisciplinary teams (Creation of a new team of health professionals of different disciplines or additions of new members to the team who work together to care for patients.)				
Satisfaction of providers with the conditions of work and the material and psychic rewards (e.g., interventions to “boost morale”)	x (work by ARC specialist to bridge social and technical gaps between those seeking to implement service improvements and other key stakeholders [e.g., clinical teams and administrators, respectively])*		x (work by ARC specialist to bridge social and technical gaps between those seeking to implement service improvements and other key stakeholders [e.g., clinical teams and administrators, respectively])*	

**Table E5. SIMHC Intervention EPOC Taxonomy Table, Part 5 (continued)**

	Glisson et al., 2010 <sup>8</sup> MST+ARC	Glisson et al., 2010 <sup>8</sup> MST	Glisson et al., 2010 <sup>8</sup> ARC	Glisson et al., 2010 <sup>8</sup> Control
<b>Organizational: Structural Interventions</b>				
Changes in scope and nature of benefits and services				
Presence and organization of quality monitoring mechanisms	x (MST quality assurance system)*	x (MST quality assurance system)*		
Staff organization				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				

\* Component differed across study arms

ARC = Attachment, Self-Regulation, and Competency; EPOC = Effective Practice and Organization of Care; MST = Multisystemic Therapy; SIMHC = Strategies to Improve the Mental Health Care of Children and Adolescents

**Table E6. SIMHC Intervention EPOC Taxonomy Table, Part 6**

	<b>Gully et al., 2008<sup>9</sup> Study 1 Arm 1</b>	<b>Gully et al., 2008<sup>9</sup> Study 1 Arm 2</b>	<b>Gully et al., 2008<sup>9</sup> Study 2 Arm 1</b>	<b>Gully et al., 2008<sup>9</sup> Study 2 Arm 2</b>
<b>Professional Interventions</b>	<b>Protocol</b>	<b>Comparison - Prior to Implementation</b>	<b>Protocol</b>	<b>Typical Services</b>
Distribution of educational materials (Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications. The materials may have been delivered personally or through mass mailings.)	x Booklet for parents describing protocol*		x Booklet for parents describing protocol*	
Educational meetings (Health care providers who have participated in conferences, lectures, workshops, or traineeships.)	x (nurses received training on forensic medical examinations); x (nurses received training on protocol)*	x (nurses received training on forensic medical examinations)	x (nurses received training on forensic medical examinations); x (nurses received training on protocol)*	x (nurses received training on forensic medical examinations)
Local consensus processes (Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate.)				
Educational outreach visits (Use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice. The information given may have included feedback on the performance of the provider[s]).	x (nurses met with parents) x (nurses were trained by project manager and were observed on occasion administering protocol so corrective feedback could be provided)*		x (nurses met with parents) x (nurses were trained by project manager and were observed on occasion administering protocol so corrective feedback could be provided)*	
Patient-mediated interventions (New clinical information [not previously available] collected directly from patients and given to the provider [e.g., depression scores from an instrument].)	x (use of parent responses to barriers and assets of accessing EBT on checklist)*		x (use of parent responses to barriers and assets of accessing EBT on checklist)*	

**Table E6. SIMHC Intervention EPOC Taxonomy Table, Part 6 (continued)**

	Gully et al., 2008 <sup>9</sup> Study 1 Arm 1	Gully et al., 2008 <sup>9</sup> Study 1 Arm 2	Gully et al., 2008 <sup>9</sup> Study 2 Arm 1	Gully et al., 2008 <sup>9</sup> Study 2 Arm 2
Audit and feedback (Any summary of clinical performance of health care over a specified period of time. The summary may also have included recommendations for clinical action. The information may have been obtained from medical records, computerized databases, or observations from patients.)				
Reminders (Patient- or encounter-specific information, provided verbally, on paper, or on a computer screen, that is designed or intended to prompt a health professional to recall information. This would usually be encountered through their general education, in the medical records, or through interactions with peers and would remind them to perform or avoid some action to aid individual patient care. Computer-aided decision support and drugs dosage are included.)				
Marketing (Use of personal interviewing, group discussion [focus groups], or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				
<b>Financial Interventions</b>				
<b>Financial: Provider Interventions</b>				
Provider incentives (Provider received direct or indirect financial reward or benefit for doing specific action.)				
Provider grant/allowance (Provider received direct or indirect financial reward or benefit not tied to specific action.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				
<b>Financial: Patient Interventions</b>				
Patient incentives (Patient received direct or indirect financial reward or benefit for doing or encouraging them to do specific action.)				

**Table E6. SIMHC Intervention EPOC Taxonomy Table, Part 6 (continued)**

	<b>Gully et al., 2008<sup>9</sup> Study 1</b>	<b>Gully et al., 2008<sup>9</sup> Study 1</b>	<b>Gully et al., 2008<sup>9</sup> Study 2</b>	<b>Gully et al., 2008<sup>9</sup> Study 2</b>
	Arm 1	Arm 2	Arm 1	Arm 2
<b>Organizational Interventions</b>				
<b>Organizational: Provider-Oriented interventions</b>				
Clinical multidisciplinary teams (Creation of a new team of health professionals of different disciplines or additions of new members to the team who work together to care for patients.)				
Satisfaction of providers with the conditions of work and the material and psychic rewards (e.g., interventions to “boost morale”)				
<b>Organizational: Structural Interventions</b>				
Changes in scope and nature of benefits and services				
Presence and organization of quality monitoring mechanisms				
Staff organization				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				

\* Component differed across study arms

EBT = Evidence Based Treatment; EPOC = Effective Practice and Organization of Care; SIMHC = Strategies to Improve the Mental Health Care of Children and Adolescents

**Table E7. SIMHC Intervention EPOC Taxonomy Table, Part 7**

	Henggeler et al., 2008 <sup>10</sup> Arm 1	Henggeler et al., 2008 <sup>10</sup> Arm 2	Lester et al., 2009 <sup>11</sup> Arm 1	Lester et al., 2009 <sup>11</sup> Arm 2
<b>Professional Interventions</b>	<b>Intensive Quality Assurance</b>	<b>Workshop Only</b>	<b>GP Training in First-Episode Psychosis</b>	<b>Control</b>
Distribution of educational materials (Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications. The materials may have been delivered personally or through mass mailings.)	x (manuals)	x (manuals)		
Educational meetings (Health care providers who have participated in conferences, lectures, workshops, or traineeships.)	x (2-day workshop in contingency management (CM) to treat adolescents with substance abuse disorders)	x (2-day workshop in contingency management (CM) to treat adolescents with substance abuse disorders)	x (educational sessions)*	
Local consensus processes (Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate.)			x (focus groups and training-needs analysis to tailor intervention)*	
Educational outreach visits (Use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice. The information given may have included feedback on the performance of the provider[s]).	x (access to a CM expert for consultation)	x (access to a CM expert for consultation)	x (videos, question-and-answer sessions, education sessions)*	
Patient-mediated interventions (New clinical information [not previously available] collected directly from patients and given to the provider [e.g., depression scores from an instrument].)				
Audit and feedback (Any summary of clinical performance of health care over a specified period of time. The summary may also have included recommendations for clinical action. The information may have been obtained from medical records, computerized databases, or observations from patients.)				

**Table E7. SIMHC Intervention EPOC Taxonomy Table, Part 7 (continued)**

	Henggeler et al., 2008 <sup>10</sup> Arm 1	Henggeler et al., 2008 <sup>10</sup> Arm 2	Lester et al., 2009 <sup>11</sup> Arm 1	Lester et al., 2009 <sup>11</sup> Arm 2
Reminders (Patient- or encounter-specific information, provided verbally, on paper, or on a computer screen, that is designed or intended to prompt a health professional to recall information. This would usually be encountered through their general education, in the medical records, or through interactions with peers and would remind them to perform or avoid some action to aid individual patient care. Computer-aided decision support and drugs dosage are included.)				
Marketing (Use of personal interviewing, group discussion [focus groups], or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers.)			x (focus groups used to shape intervention)	
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)	x (drug screen test kits and supplies)	x (drug screen test kits and supplies)		
<b>Financial Interventions</b>				
<b>Financial: Provider Interventions</b>				
Provider incentives (Provider received direct or indirect financial reward or benefit for doing specific action.)				
Provider grant/allowance (Provider received direct or indirect financial reward or benefit not tied to specific action.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)	x (\$150 to facilitate treatment goals via the CM voucher system)	x (\$150 to facilitate treatment goals via the CM voucher system)		
<b>Financial: Patient Interventions</b>				
Patient incentives (Patient received direct or indirect financial reward or benefit for doing or encouraging them to do specific action.)	x (voucher system that rewarded patients for clean substance screens)*			



**Table E7. SIMHC Intervention EPOC Taxonomy Table, Part 7 (continued)**

	Henggeler et al., 2008 <sup>10</sup> Arm 1	Henggeler et al., 2008 <sup>10</sup> Arm 2	Lester et al., 2009 <sup>11</sup> Arm 1	Lester et al., 2009 <sup>11</sup> Arm 2
<b>Organizational Interventions</b>				
<b>Organizational: Provider-Oriented interventions</b>				
Clinical multidisciplinary teams (Creation of a new team of health professionals of different disciplines or additions of new members to the team who work together to care for patients.)				
Satisfaction of providers with the conditions of work and the material and psychic rewards (e.g., interventions to “boost morale”)				
<b>Organizational: Structural Interventions</b>				
Changes in scope and nature of benefits and services				
Presence and organization of quality monitoring mechanisms	x (Intensive Quality Assurance program based on the intensive QA protocols used in MST programs)*			
Staff organization				
Other (other categories to be agreed on in consultation with the EPOC editorial team.)				

\* Component differed across study arms

EPOC = Effective Practice and Organization of Care; MST = Multisystemic Therapy; QA = Quality Assurance; SIMHC = Strategies to Improve the Mental Health Care of Children and Adolescents

**Table E8. SIMHC Intervention EPOC Taxonomy Table, Part 8**

	Lochman et al., 2009 <sup>12</sup> Arm 1	Lochman et al., 2009 <sup>12</sup> Arm 2	Lochman et al., 2009 <sup>12</sup> Arm 3
<b>Professional Interventions</b>	<b>Coping Power–Training Plus Feedback</b>	<b>Coping Power–Basic Training (CP-BT).</b>	<b>Comparison Condition (unspecified)</b>
Distribution of educational materials (Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications. The materials may have been delivered personally or through mass mailings.)	x (the outcome of the theoretical and modelling work suggested that the educational intervention needed to impart knowledge about important symptoms and signs evident in first-episode psychosis, teach core questioning skills, and encourage more positive attitudes toward young people with the condition. A 17-minute video made specifically for the study, depicting role-played primary care consultations with young people with first-episode psychosis, was shown to GPs in intervention practices. The video included specific messages, for example, about links between substance misuse and psychosis, the importance of listening to parental concerns and, above all, to refer early to early-intervention services if there were concerns. The study team then led a 15-minute question-and-answer session, including referral guidelines to early-intervention services)*		
Educational meetings (Health care providers who have participated in conferences, lectures, workshops, or traineeships.)	x (the school counselors received a total of three initial workshop training days in the fall, prior to the beginning of the intervention)*	x (the school counselors received a total of three initial workshop training days in the fall, prior to the beginning of the intervention)*	
Local consensus processes (Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate.)			

**Table E8. SIMHC Intervention EPOC Taxonomy Table, Part 8 (continued)**

	Lochman et al., 2009 <sup>12</sup> Arm 1	Lochman et al., 2009 <sup>12</sup> Arm 2	Lochman et al., 2009 <sup>12</sup> Arm 3
Educational outreach visits (Use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice. The information given may have included feedback on the performance of the provider[s]).			
Patient-mediated interventions (New clinical information [not previously available] collected directly from patients and given to the provider [e.g., depression scores from an instrument].)			
Audit and feedback (Any summary of clinical performance of health care over a specified period of time. The summary may also have included recommendations for clinical action. The information may have been obtained from medical records, computerized databases, or observations from patients.)	x (the trainers reviewed the rate of completion of session objectives and provided individualized supervisory feedback through written and telephone contacts with the school counselors to enhance the intervention integrity. Counselors in this condition received from their trainer a monthly letter and followed up with a phone call when serious concerns with implementation were evident. In addition to noting the objectives that had been fully, partially, or not met based on the trainers' review of session audiotapes, the trainers provided qualitative feedback on the enthusiasm of children's or parents' involvement in the session, the ability of counselors to stimulate discussion and elaborate and clarify material while still staying on the topic, the counselors' ability to engage students in positive ways, and the counselors' use of appropriate monitoring and consequences during sessions)*		

**Table E8. SIMHC Intervention EPOC Taxonomy Table, Part 8 (continued)**

	Lochman et al., 2009 <sup>12</sup> Arm 1	Lochman et al., 2009 <sup>12</sup> Arm 2	Lochman et al., 2009 <sup>12</sup> Arm 3
Reminders (Patient- or encounter-specific information, provided verbally, on paper, or on a computer screen, that is designed or intended to prompt a health professional to recall information. This would usually be encountered through their general education, in the medical records, or through interactions with peers and would remind them to perform or avoid some action to aid individual patient care. Computer-aided decision support and drugs dosage are included.)			
Marketing (Use of personal interviewing, group discussion [focus groups], or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers.)	x (problem solving concerning barriers and difficulties involved in the implementation of the program)*	x (problem solving concerning barriers and difficulties involved in the implementation of the program)*	
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)	x (the school counselors participated in monthly ongoing training sessions [2.0 hr] in which the trainers provided concrete training for upcoming sessions, debriefed previous sessions, and conducted problem solving concerning barriers and difficulties involved in the implementation of the program. Individualized problem solving concerning barriers and difficulties in the implementation of the program was available to only counselors in the CP-TF condition through a technical assistance component. This component included access by the implementation staff to an email account in which they could raise implementation concerns and problems and through which they could receive trainers' responses; it also included a telephone hotline through which trainers were available for consultation about these same concerns)*		

**Table E8. SIMHC Intervention EPOC Taxonomy Table, Part 8 (continued)**

	Lochman et al., 2009 <sup>12</sup> Arm 1	Lochman et al., 2009 <sup>12</sup> Arm 2	Lochman et al., 2009 <sup>12</sup> Arm 3
<b>Financial Interventions</b>			
<b>Financial: Provider Interventions</b>			
Provider incentives (Provider received direct or indirect financial reward or benefit for doing specific action.)			
Provider grant/allowance (Provider received direct or indirect financial reward or benefit not tied to specific action.)			
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)			
<b>Financial: Patient Interventions</b>			
Patient incentives (Patient received direct or indirect financial reward or benefit for doing or encouraging them to do specific action.)			
<b>Organizational Interventions</b>			
<b>Organizational: Provider-Oriented interventions</b>			
Clinical multidisciplinary teams (creation of a new team of health professionals of different disciplines or additions of new members to the team who work together to care for patients.)			
Satisfaction of providers with the conditions of work and the material and psychic rewards (e.g., interventions to “boost morale”)			
<b>Organizational: Structural Interventions</b>			
Changes in scope and nature of benefits and services			
Presence and organization of quality monitoring mechanisms			
Staff organization			
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)			

\* Component differed across study arms

CP-TF = Coping Power-Training and Feedback; EPOC = Effective Practice and Organization of Care; GPs = General Practitioners; SIMHC = Strategies to Improve the Mental Health Care of Children and Adolescents

**Table E9. SIMHC Intervention EPOC Taxonomy Table, Part 9**

	<b>Ronsley et al., 2012<sup>13</sup> Arm 1</b>	<b>Ronsley et al., 2012<sup>13</sup> Arm 2</b>	<b>Wildman et al., 2012<sup>14</sup> Arm 1</b>	<b>Wildman et al., 2012<sup>14</sup> Arm 2</b>
<b>Professional Interventions</b>	<b>Metabolic Monitoring Training Program (MMTP)</b>	<b>Usual Care Pre-MMTP</b>	<b>Colocated Services</b>	<b>Enhanced Referral</b>
Distribution of educational materials (Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications. The materials may have been delivered personally or through mass mailings.)	x (physician handbook for metabolic monitoring)*			
Educational meetings (Health care providers who have participated in conferences, lectures, workshops, or traineeships.)	x (training workshops for all staff. Before implementation of the MMTP, physicians from British Columbia Children's Hospital travelled to the Vancouver Coastal Health Child and Youth Mental Health Teams [CYMHTs] and explained the risks of SGA use in children to staff)*			
Local consensus processes (Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate.)				
Educational outreach visits (Use of a trained person who met with providers in their practice settings to give information with the intent of changing the provider's practice. The information given may have included feedback on the performance of the provider[s]).	x (before MMTP physicians travelled to CYMHTs and explained risks of SGA use)*			
Patient-mediated interventions (New clinical information [not previously available] collected directly from patients and given to the provider [e.g., depression scores from an instrument].)				
Audit and feedback (Any summary of clinical performance of health care over a specified period of time. The summary may also have included recommendations for clinical action. The information may have been obtained from medical records, computerized databases, or observations from patients.)				

**Table E9. SIMHC Intervention EPOC Taxonomy Table, Part 9 (continued)**

	<b>Ronsley et al., 2012<sup>13</sup> Arm 1</b>	<b>Ronsley et al., 2012<sup>13</sup> Arm 2</b>	<b>Wildman et al., 2012<sup>14</sup> Arm 1</b>	<b>Wildman et al., 2012<sup>14</sup> Arm 2</b>
Reminders (Patient- or encounter-specific information, provided verbally, on paper, or on a computer screen, that is designed or intended to prompt a health professional to recall information. This would usually be encountered through their general education, in the medical records, or through interactions with peers and would remind them to perform or avoid some action to aid individual patient care. Computer-aided decision support and drugs dosage are included.)	x (the MMTP provides recommendations for completing anthropometric measurements [including weight, height, waist circumference, and blood pressure] and for the monitoring of various blood work parameters at several time points throughout the first year of SGA treatment [including at baseline, and at 3, 6, 9, and 12 months])*			
Marketing (Use of personal interviewing, group discussion [focus groups], or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)	x (MMT available online); x (project coordinator worked with each team individually to determine which staff would assume responsibility for completing measures)*			

**Table E9. SIMHC Intervention EPOC Taxonomy Table, Part 9 (continued)**

	<b>Ronsley et al., 2012<sup>13</sup> Arm 1</b>	<b>Ronsley et al., 2012<sup>13</sup> Arm 2</b>	<b>Wildman et al., 2012<sup>14</sup> Arm 1</b>	<b>Wildman et al., 2012<sup>14</sup> Arm 2</b>
<b>Financial Interventions</b>				
<b>Financial: Provider Interventions</b>				
Provider incentives (Provider received direct or indirect financial reward or benefit for doing specific action.)				
Provider grant/allowance (Provider received direct or indirect financial reward or benefit not tied to specific action.)				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)				
<b>Financial: Patient Interventions</b>				
Patient incentives (Patient received direct or indirect financial reward or benefit for doing or encouraging them to do specific action.)				
<b>Organizational Interventions</b>				
<b>Organizational: Provider-Oriented interventions</b>				
Clinical multidisciplinary teams (Creation of a new team of health professionals of different disciplines or additions of new members to the team who work together to care for patients.)				
Satisfaction of providers with the conditions of work and the material and psychic rewards (e.g., interventions to “boost morale”)				



**Table E9. SIMHC Intervention EPOC Taxonomy Table, Part 9 (continued)**

	<b>Ronsley et al., 2012<sup>13</sup> Arm 1</b>	<b>Ronsley et al., 2012<sup>13</sup> Arm 2</b>	<b>Wildman et al., 2012<sup>14</sup> Arm 1</b>	<b>Wildman et al., 2012<sup>14</sup> Arm 2</b>
<b>Organizational: Structural Interventions</b>				
Changes in scope and nature of benefits and services			x (intervention removed two of the frequently cited barriers to treatment: availability and cost. All referred families were seen within 1 week of referral and services were provided without cost to the family)	x (intervention removed two of the frequently cited barriers to treatment: availability and cost. All referred families were seen within 1 week of referral and services were provided without cost to the family)
Presence and organization of quality monitoring mechanisms				
Staff organization				
Other (Other categories to be agreed on in consultation with the EPOC editorial team.)			x (enhanced referrals, received number to call); choice of where they wanted to attend section*	

\* Component differed across study arms

EPOC = Effective Practice and Organization of Care; SIMHC = Strategies to Improve the Mental Health Care of Children and Adolescents

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